

DLE-520-039 (R/4/01)OR/W

CHANGE OF ADDRESS FOR DRIVER LICENSE, VESSEL AND VEHICLE REGISTRATION, AND DISABLED PERSON'S PLACARDS

| AND DISABLED PERSON 5 P | | | | LACA | DATE OF REQUEST | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------------|------------------------------|-----------------------------------------------------------------------|----------------------------------------------------|------------------------|
| PLEASE PRINT complete i | name and birthdate exactly | as it appears | on your drive | r licens | e. | |
| LAST NAME | | | FIRST NAME | | | MIDDLE NAME or INITIAL |
| DATE OF BIRTH—Month, Day, Year | DRIVER LICENSE NUMBER | | | | | |
| Vashington law requires th | at the residence address a | ppear on the o | driver license. | A maili | ng address may | be included. |
| NEW RESIDENCE ADDRESS | | | | | | |
| CITY | | | | STATE | | ZIP |
| MAILING ADDRESS | | | | | | I |
| CITY | | | | STATE | | ZIP |
| CHANGE THE ADDRESS ON MY EXISTING VOTING REGISTRATION WITHIN MY COUNTY Yes No If you wish to vote and have not yet registered, or have changed counties, ask for a Voter Registration form. | | | NEW RESIDENT | NEW RESIDENCE IS LOCATED IN AN: Incorporated Area Unincorporated | | |
| VEHICLE PLATE NO./ VESSEL REG. NO. | | YEAR & MAKE | | | VEHICLE OR HULL IDENTIFICATION NUMBER (VIN OR HIN) | |
| VEHICLE PLATE NO./ VESSEL REG. NO. YEAR & M/ 2) | | YEAR & MAKE | | | VEHICLE OR HULL IDENTIFICATION NUMBER (VIN OR HIN) | |
| VEHICLE PLATE NO./ VESSEL REG. NO. YEAR | | YEAR & MAKE | k MAKE | | VEHICLE OR HULL IDENTIFICATION NUMBER (VIN OR HIN) | |
| 3) | | | | | | |
| DISABLED PARKING PLACARD NO. | | | DISABLED PARKING PLACARD NO. | | | |
| 1) | | | 2) | | | |

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 902-3900 or TTY (360) 664-0116.

Motor vehicle laws in the state of Washington require a driver to notify the Department of Licensing within 10 days of a change of address.

Simply fill out this form and return by mail to:

DEPARTMENT OF LICENSING DRIVER RESPONSIBILITY PO BOX 9030 OLYMPIA WA 98507-9030

Please remember to write your new address on the back of your driver license.